



Employee Rights & Responsibilities Traumatic Injury Form CA-1

The Federal Employees' Compensation Act (FECA) outlines the benefits for federal employees injured in the performance of duty. The Office of Workers' Compensation Programs (OWCP) administers, interprets and ensures compliance of the FECA and is the sole adjudicator of all workers' compensation claims for National Aeronautics and Space Administration (NASA) employees. You have the right to file a claim for FECA benefits with the DOL, OWCP.

MEDICAL TREATMENT encompasses all authorized necessary and customary medical services, including testing, treatment, and intervention to assist in the recovery of work related injuries (e.g., doctor appointment(s), X-rays, physical therapy, prescriptions, surgery, etc.).

BENEFITS:

- You are entitled to receive immediate medical treatment from a licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) of your choice. You may search DOL registered providers at: <http://owcp.dol.acs-inc.com/portal/providersearch/agreement.do>
- Reimbursement of services of chiropractors is limited to treatment to correct a spinal subluxation as demonstrated by X-ray to exist.
- A Form CA-16, *Authorization for Examination and/or Treatment*, may be issued to your physician. Form CA-16 will not be issued to more than one provider or 7 days after injury.
- Once your choice of physician has been established, any change must be submitted in writing by you for OWCP approval, with the exception of your treating physician's referrals.

Note: Federal employees may first be evaluated by the NASA Center's Occupational Health Clinic Physician. An evaluation by the NASA Clinic Physician **does not** constitute a choice of treating physician, unless elected as such by you. Additional clinic visits will constitute an election as your provider.

RESPONSIBILITIES:

- Immediately report work-related injury to your supervisor and seek medical care, if required.
- File CA-1 Workers' Compensation claim in ECOMP <https://www.ecomp.dol.gov/>
- Obtain all medical documentation and witness statements necessary to support your claim.
- Provide your supervisor and NSSC Workers' Compensation Team with your treating physicians' name, address and phone number.
- Ensure Form CA-17, Duty Status Report, is completed by your supervisor (side A) and treating physician (Side B) at the initial visit or obtain similar documentation of your restrictions during all subsequent appointments. Provide copies to your supervisor.
- Return to work after the initial medical appointment, unless it is after your tour or you are directed otherwise by your physician.

Employee Rights & Responsibilities Occupational Disease Form CA-2

LIMITED DUTY is the temporary modification of regular work duties that allows an employee to recuperate and/or rehabilitate from on-the-job injuries while working.

BENEFITS:

- NASA will make every effort to accommodate your medical limitations.
- A light duty job offer within your medical restrictions will be identified by your supervisor.

RESPONSIBILITIES:

- Request your treating physician specify your medical limitations/restrictions in writing during your recovery period.
- Avoid any on or off duty activities inconsistent with your medical limitations/restrictions
- Return to full duty as soon as you are able. If you are unable to return to full duty, you must advise your physician that modification of your present job assignment is available to you.
- Return to work when your physician determines that you are capable of doing so, unless you request and receive coverage (if eligible) under the Family and Medical Leave Act (FMLA).
- Accept suitable employment. NASA may terminate Continuation of Pay (COP) or OWCP may terminate compensation if a suitable offer of modified duty is refused.

ABSENCE FROM WORK refers to any time away from work due to the work related injury to attend doctor's appointments, medical treatments, and/or any periods of work disability.

BENEFITS:

- You may elect Sick Leave (SL), Annual Leave (AL), Leave Without Pay (LWOP), or Continuation of Pay (COP) for medical appointments or disability due to a work injury.
 - Administrative Leave may be charged on date of injury
- Elect COP on Form CA-1 within 30 days of the date of injury. Initial time loss from work or work disability for COP must be within 45 calendar days of the injury.
- If your claim is denied, any COP used will be changed to SL or AL, as elected by you, to the extent such leave is available, otherwise LWOP will be charged and a debt may be incurred.
- File OWCP Form CA-7, *Claim for Compensation*, if a work disability continues after the COP eligibility period expires. Following the 45-day COP entitlement period absences may be charged as SL, AL, or LWOP, as per your election. (See Leave-Buy-Back).
- Leave is not earned during period(s) of LWOP totaling 80 hours during a leave year.
- If your work injury qualifies and is approved as a serious health condition covered under FMLA, absences due to your injury may be charged against your FMLA entitlement.

RESPONSIBILITIES:

- Request leave for all absences in accordance with standard leave policies and procedures.
- Submit Form CA-7 if eligible, every two weeks (on a pay period basis) absent other instructions.

Employee Rights & Responsibilities Occupational Disease Form CA-2

- Ensure all job-related absences are supported with medical documentation that includes the diagnosis, prognosis, objective findings, duration of disability, and expected return to work.

LEAVE BUY BACK is a process of buying back sick or annual leave used for any absence from work due to receiving medical treatment or periods of work disability relating to the accepted injury.

BENEFITS:

- AL buy back in an amount that exceeds maximum carry-over will be automatically forfeited. Every 80 hours of LBB changed to LWOP will adjust leave earned in a pay period.
- All indebtedness must be paid to NASA before any leave is credited.
- You cannot complete a LBB after you have been separated from NASA rolls.

RESPONSIBILITIES:

- Initiate written LBB request to the NSSC Workers' Compensation Team within one year of your return to duty date, or within one year OWCP approves your claim, whichever is later.
- Ensure medical documentation is provided supporting medical treatment and/or work disability for all absences claimed.

FECA CLAIM NUMBER is a unique number assigned by OWCP for your work-related claim.

- Ensure all supporting documents have this number written on the upper right hand corner.

OUT OF POCKET COSTS are any work-related expenses directly paid by you for your claim.

Medical Services

- Submit Form OWCP-915, *Claimant Reimbursement Form*, for reimbursement of physician appointments, prescription medications, and other services paid directly by you. Itemized bills and proof of payment must accompany all reimbursement requests.

Transportation Expenses:

- Submit Form OWCP-957, *Medical Travel Refund Request*, for authorized medical services and treatment travel expenses. Generally 100 miles roundtrip from worksite, residence or place of injury is reasonable.

ADDITIONAL INFORMATION

- Any person who files a false report to obtain FECA benefits is subject to criminal prosecution
 - A fine up to \$10,000.00, imprisonment for not more than five years, or both.
 - Disciplinary action by NASA may be taken irrespective of any criminal prosecution.

If you have any questions concerning this document, please contact:

NSSC Workers' Compensation Team at

1-877-677-2123 (1-877-NSSC123) or nssc-contactcenter@nasa.gov